Model State Grant Program

For "friendly" or TI witness:

Question 1:

The tobacco industry has publicly asserted its support for measures to prevent kids from smoking, but where's the evidence of that commitment? Are these programs really being advanced by industry, or is it just lip service, as some people charge?

Answer:

Given the large amount of dollars and effort put into our anti-smoking programs for youth, that would be a pretty inefficient way to give lip-service. In fact, the industry's programs already are nationwide in scope, and the new retailer program will broaden our efforts substantially.

The tobacco industry's position is that young people should not smoke, period. Smoking is an adult choice. The Tobacco Institute, in cooperation with the National Association of State Boards of Education, created a program called "Helping Youth Decide," which helps kids make responsible decisions by improving communication between them and their parents. That program has been

Model State Grant Program

For "friendly" or TI witness:

used in schools and communities around the country, with very positive response.

The new retailers' program will help ensure the best efforts of retailers in complying with minimum age laws and keeping tobacco out of the hands of youngsters. The voluntary programs already under way should satisfy the needs that are perceived in this area.

Model State Grant Program

For "friendly" or TI witness:

Question 2:

But this program doesn't do anything to stop the sale of cigarettes to minors through vending machines.

Answer:

First of all, independent research shows most teenagers who smoke rarely buy their cigarettes from vending machines for a variety of reasons. It just isn't a big part of the youth smoking problem. However, because we know this is a concern, the education program created by The Tobacco Institute also is directed toward the vending machine owners and distributors. The information kits will be distributed to these people, and will include signs and other literature that make it clear anyone under age is not allowed to buy cigarettes, through any means.

National Counter-Advertising Campaign

For "friendly" witness:

Question 1:

The tobacco industry argues that its advertising is not intended to create more smokers, but to encourage brand-switching. Why would so much money be spent simply to get people to switch brands?

Answer:

The stakes are high, and the cigarette market in the United States is fiercely competitive. Based on 1988 figures, a one-point market is worth $558 million. In such a setting, competing brands often cancel each other out. Because of the general ineffectiveness of the advertising media and the cost of competition, the various cigarette manufacturers collectively spend a great deal of money both vying for the attention of switchers and solidify brand loyalty for its customers.

National Counter-Advertising Campaign

For "friendly" witness:

Question 2:

Given all of the money spent by the tobacco industry on advertising, isn't there some argument to be made for the balancing effect of $50 million toward a counter-advertising effort to convince people to stop smoking?

Answer:

First, we shouldn't ignore the millions of dollars in advertising time spent on anti tobacco messages. A great deal of that is free advertising in the form of public service announcements -- and that's something the tobacco industry certainly doesn't get. In addition, each and every cigarette ad contains an anti-smoking warning.

Research shows that the anti-tobacco advertising has had an effect; awareness levels of anti-tobacco arguments are nearly universal in this country, and the number of people who smoke has decreased dramatically. So to spend even more money, in a time of tight budgets, on further efforts to counter tobacco industry advertising that has virtually no effect on overall consumption anyway seems

For "friendly" witness:

foolish. Granted, some people still smoke. But they do so out of choice, not because they haven't heard the anti-tobacco line. No increase in counter-advertising is going to change that.

National Counter-Advertising Campaign

For "friendly" witness:

Question 3:

You claim that awareness levels of the anti-smoking arguments are high. But isn't that just for the adult population? Isn't it necessary to counter-advertise for the sake of our children's health?

Answer:

We do need to make sure our children are as educated as adults. Thay way, they can make more informed decisions when they become adults. And today's young people have been educated. The same anti-tobacco advertising campaign that's been going on since the first Surgeon General's report has reached kids and adults alike. Kids watch television, they see the public service announcements. Millions are aware of the annual Great American Smokeouts. They also are reached by education programs in the schools, like the Helping Youth Decide program.

In fact, the overwhelming majority of youngsters are aware of laws restricting the sale of cigarettes on an age basis.

National Counter-Advertising Campaign

For "friendly" witness:

Research has shown that advertising has virgually no effect on decisions by youngsters to smoke. Rather, the overwhelming influences are parental example and peer pressures.

Research has also shown that the only impact of cigarette advertising is a vehicle of competition among brands. Brand advertising does not increase aggregate demand.

Young people do not start smoking solely as a result of an advertising campaign. They start smoking because of peer pressure or because their parents smoke. So it would still be wasteful to appropriate this much money toward an anti-tobacco campaign.

Model State Grant Program

For "hostile" witness:

Question 1:

It seems to me we've lost some sight of national and state priorities here. Most states have already adopted laws banning tobacco sales to minors. Dozens of other state programs are badly in need of financing, from drug enforcement and treatment to infrastructure needs, and I haven't gotten any calls from state legislators begging for federal money for tobacco enforcement. If we've got $50 million to dole out, why throw it at this?

Question 2:

I'm concerned about the intergovernmental issues involved here. Why shouldn't the states pay for enforcing their own laws prohibiting sales to minors? And aren't we raising some federalism problems by putting strings on this money and twisting the states' arms?

National Counter-Advertising Campaign

For "hostile" witness:

Question 1:

Surveys show that 99 percent of Americans are aware of the claims about health risks of smoking. What evidence is there that a $50 million counter-advertising campaign is necessary or useful, especially in light of the tremendous coverage given by the media to the anti-smoking movement?

For "hostile" witnesses:

RE: Targeted Advertising

1. For years, targeted marketing has been an accepted method of conveying a message to certain target groups. Consumer product manufacturers especially, like McDonalds and Proctor and Gamble, have practiced targeted marketing for their brands. Even the federal government does it. So how does this differ from targeting certain brands of tobacco products?

For "hostile" witnesses:

RE: Senator Tom Harkins' "Health Objective 2000 Act"

1. Senator Tom Harkin (D-IA) and others have introduced legislation that would give state public health agencies $300 million for block grants in 21 specific areas, which includes tobacco use, nutrition, accidental injuries, environmental hazards, AIDS and other sexually-transmitted diseases, splitting $300 million 21 ways. With public health officials vying for our attention to so many other health-related areas, how can you justify spending $50 million solely on an anti-tobacco education program?

2. If we pass Kennedy's legislation, aren't we letting special interest groups become the judges of our health priorities?

For "hostile" witnesses:

RE: 1988 Surgeon General's Report on Nicotine Addiction

1. The 1988 Surgeon General's report states that nicotine, which is found in cigarettes and other tobacco products, is addictive. Yet the 1989 Surgeon General's report stated that the smoking rate has dropped from 40 percent to 29 percent. How did so many people quit smoking if it is so addicting?

2. Illegal drug use is commonly linked to crime. But smokers are not killers, gunning people down in the street, like a number of those on crack and other illegal substances. How can you compare lighting up a cigarette with lighting up a crack pipe?

Question (Dr. Sullivan)

1. This legislation calls for counter-advertising programs to be undertaken by the government at a cost of $50 million dollars a year, including paid advertising.

Could you tell me how much HHS has budgeted in the FY 1991 for health promotion and disease prevention programs devoted to informing and educating the public about the dangers of smoking and the advisability of quitting or never starting?

(Follow up)

2. And do I understand correctly that you believe the level of spending on antismoking activities that your department has budgeted is not enough?

Question (State Health Official)

1. Doctor, I understand that you favor this legislation. But I'd like to find out the kind of legislation you would want to see Congress enact if you had total power to dictate federal law. We have the state grant approach, the advertising restriction approach and public information and education approach. But isn't it time for stronger medicine, Doctor.

2. Several communities in your state have banned cigarette vending machines. If prohibition comes to pass in the United States, is it likely to start in Minnesota? What's your prescription for tobacco and smoking, Doctor?

Question (Coalition on Smoking or Health)

1. This bill [section 901(a)(5)] provides federal funds for states to enforce state laws prohibiting the sale of tobacco products to minors. Why isn't this a matter best left to the States?

2. Finally, let me ask if think retail-level "sting" operations are a good use of law enforcement and court resources in cities like Miami, Los Angeles, Boston, Newark, Boston or the District of Columbia?

Question (Coalition on Smoking or Health)

1. We all know that smoking is dangerous to our health, that folks who smoke should quit and that kids who don't smoke should never start. But I read about a study in the Washington newspapers last Friday that gave me pause. It reported the findings of a 13-year survey of black and white adults by the Centers for Disease Control.

It was headlined this way: "Poverty Major Cause of High Black Death Rate." It went on to say that income differences between black and white were more significant determiners of mortality than smoking, drinking, cholesterol level, overweight, diabetes, or high blood pressure.

Do you think your exclusive emphasis on smoking diverts attention from government action that might cut down the income gap between black and whites?

Source: Washington Post, 2/9/90, p.A-1

Washington Post February 9, 1990 pA1

Poverty Major Cause of High Black Death Rate

By Malcolm Gladwell
Washington Post Staff Writer

The high rate of premature deaths among black Americans—2½ times greater than among whites in some age groups—is the result of so many different causes that even if high-quality health care were equally available to both races and incomes were equal, a significant portion of the gap would remain, according to a study published today.

In a 13-year survey of 8,806 black and white adults, researchers at the federal Centers for Disease Control in Atlanta found that just under one-third of the difference in death rates between the races can be attributed to the higher incidence of well-known and preventable risk factors such as high blood pressure, cholesterol level, weight, smoking, alcohol and diabetes.

In other words, if blacks and whites were equal in these six critical indicators of health, the study found, 69 percent of the difference in the mortality rate would remain.

According to the study, differences in income accounted for 38 of those 69 percentage points. That is, if black and white samples were chosen to have equal incomes, that one factor would erase 38 points of the mortality difference.

Poverty, which afflicts blacks disproportionately, is known to limit access to health care and, the researchers noted, may contribute to disease by imposing greater stress.

A final 31 percent of the mortality difference could not be attributed to any known or measurable cause. Among such factors are presumed to be differences in environment, life style, access to care and perhaps heredity.

The study, which was published in the Journal of the American Medical Association, appears to complicate the perplexing question of why the health of black Americans appears to be steadily deteriorating relative to whites. For example, in 1986—the last year for which figures are available—black life expectancy declined for the second year in a row, falling to 69.4 years, 5.4 years less than the average white life expectancy.

By giving broad weight to economic factors—which it says account for 38 percent of the difference in black and white death rates—and other unknown considerations, the study appears to suggest that only part of the solution to the mortality gap may lie within the power of the medical community.

"Broader social and health system changes and research targeted at the causes of the mortality gap, coupled with increased efforts aimed at modifiable risk factors, may all be needed for egalitarian goals in health to be realized," the study said.

The study compared the health profiles and histories of 7,573 whites and 1,233 blacks taken from health surveys conducted from 1971 to 1975 and again from 1982 through 1984.

According to the data, blacks between the ages of 35 and 54 had a mortality rate 2.3 times higher than whites in the same age bracket. Blacks between 55 and 77 years of age were 1.1 times more likely to die than their white counterparts.

Using a statistical method known as a regression analysis, the researchers computed how much of that higher rate could be explained by each of a variety of risk factors identified in the health profiles.

For example, if a group of black smokers has a higher percentage of deaths than a group of white smokers, the researchers could conclude that smoking only partially explained the differing mortality rates.

All told, the study found that the six major indices of personal health, whether the subject smokes, drinks, is overweight, has diabetes or suffers from high cholesterol or high blood pressure, explained only about a third of the mortality difference.

Income differences were more significant, accounting for well over a third of the difference. This, the study stated, was a reflection of the extent to which access to health care, diet and personal habits, such as smoking, are strongly correlated to socioeconomic status.

The CDC report adds to the puzzle created by previous studies, which demonstrated that for some unknown reason, even when the effect of income has been accounted for, blacks tend to use the health care system less and, when they do, to achieve poorer quality results than whites.

"It is not simply an issue of income," said Linda Aiken, a professor of sociology and nursing at the University of Pennsylvania.

"There is something about being black that is important above and beyond being poor, that results in lower use of medical services. Whether that reflects discrimination in the system or lack of understanding of how to use it, we don't know," Aiken said.

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Question (State Health Official)

1. Under one provision of this bill, the Secretary of Education is directed to provide incentive grants to establish "smokefree" schools. This would be in addition to "drugfree" schools.

Tell me, Doctor, which has the greater priority -- making schools smokefree or drugfree? How does it work in Minnesota, especially in urban elementary schools? And who takes the lead, the educators or the public health officers?

Question (Coalition on Smoking or Health)

1. The bill could be used by a state to justify a total ban on certain types of advertising or certain means of advertising tobacco products in that state. Are you comfortable with letting a state get into interpretations of commercial free speech?

2. It also appears that a state could use Section 955 to justify creating its own warnings to be used in that state. Again, is this something you accept: that is state intervention in advertising legal products sold across the country? Potential state restrictions on interstate commerce?

3. Chapter 1 of Subtitle B (Sections 911-913) provides grants to public and private entities for public service announcements, paid advertisements, and "counter advertising". What private entities will receive funds under this provision? Are these groups your supporters, part of your membership base?

Questions for Health Official:

1. The drug war in America continues to escalate. Kids who use crack and cocaine will do anything to get more--kill, steal, lie, you name it. Nothing seems to stop them. Some health officials link smoking with illegal drug use, but people who smoke don't go around shooting people. How can you justify equating cigarette smoking to smoking crack?

2. And what kind of message is this for our children? Aren't we confusing our kids and trivializing the issue of drug use if we tell them that using cocaine and heroin is the same as smoking tobacco?

Questions for Health Official:

3. This legislation would appropriate $185 million for anti-tobacco youth education programs and counter-advertising, while there's not enough money to teach our kids the dangers of hard drugs. Wouldn't this money be better spent on putting away the drug dealers?

4. When the federal government already spends millions on smoking control programs through the Department of Health and Human Services, why do we need another layer of bureaucracy that will cost the taxpayers $50 million? By the way, how much does your state spend for tobacco control, regulation, education and for information?

Questions for Coalition on Smoking OR Health representatives:

1. You claim that tobacco products need more government regulation. But when you consider the regulations already facing the tobacco industry -- state and federal excise taxes, advertising restrictions, youth smoking restrictions -- what purpose would more regulation serve? And wouldn't the money be better spent elsewhere?

2. More than 90 percent of Americans have heard and believe that smoking is dangerous to your health. The evidence that they have received this message is in the millions of people who have quit smoking. However, some people will always continue to smoke. Why should we spend $50 million in a time of scarce resources on additional anti-smoking education programs and advertising? Do you really think more people will be moved to quit smoking through more anti-smoking information?